

AFFIX
PHOTO
HERE

Bethel School of Supernatural Worship

APPLICATION

REVISED: 03/05

TYPE OR PRINT ALL ITEMS

Name _____
Last First Middle

Address _____
Street/P.O. Box City State Zip

Phone () _____ () _____ Country _____
Day Evening

E-mail: _____

PERSONAL: (Circle One)

Sex: Male Female **Marital Status:** Single Married Separated Divorced Widowed – When? _____
(If separated or divorced, please attach explanation)

Birthdate: _____ Age: _____ Social Security Number: _____ - _____ - _____

Birthplace: _____ Are you a U.S. citizen? _____ Yes _____ No

SPIRITUAL

When did you accept Christ as your personal Savior? _____

Have you had an Acts 2:4 experience? _____ Yes _____ No

Do you attend church regularly? _____ Yes _____ No Are you a member? _____ Yes _____ No

How long have you been attending regularly there? _____

Have you recently left another church? _____ Where? _____

If yes, was it a good parting or are there unresolved issues? _____

Home Church/Denomination _____

Pastor's Name _____ Phone () _____

Church Address _____
Street City State Zip

EDUCATION

High School _____ Graduated? ____ Yes ____ No

College _____ Graduated? ____ Yes ____ No

FAMILY

Name of spouse if married _____

Parents name _____ Living? ____ Phone () _____

HISTORY

Answering YES to the following questions will NOT automatically disqualify the applicant from acceptance.

Have you used tobacco, illegal drugs, or alcoholic beverages in the last 6 months? _____

If yes, please explain.

Have you ever been involved in homosexuality or lesbianism? ____ Yes ____ No

If yes, how long since last involvement? _____

Have you ever been arrested? ____ Yes ____ No If yes, when? _____

Were you ever convicted? ____ Yes ____ No

Have you ever been involved in the occult, witchcraft, or cults? ____ Yes ____ No

EMPLOYMENT

Occupation: _____

Present Employer: _____

Address: _____

Phone: () _____ Your employer may be contacted.

FINANCES

How do you plan to pay for your educational expenses? _____

Will you need assistance in finding housing? _____ Yes _____ No

How did you hear about BSSW? _____

AGREEMENT: I understand that any falsification of information on this application is grounds for dismissal at any time. I hereby certify that I have read the Bethel School of Supernatural Worship Handbook of Policies. I accept them, and agree to abide by them while a student of Bethel school of Supernatural Worship.

Applicant's Signature _____

Date _____

Bethel School of Supernatural Worship reserves the right to require the withdrawal of any student who is considered to be out of harmony with the spirit of this institute.

Along with this application, please include the following:

\$20.00 Application Fee

Please return this to:

**Bethel School of Supernatural Worship
Attn: Kathy Vallotton
933 College View Dr.
Redding, CA 96003
(530)246-6000 (530)246-6020 – Fax
www.iBethel.org**

WORSHIP EXPERIENCE

Are you presently involved in worship ministry? _____ For how long? _____

Please list the instruments that you play:

I am a singer. _____ Yes _____ No If yes, complete the following

_____ Lead _____ Alto _____ Soprano _____ Tenor

Please describe your training or experience.

WORSHIP LEADERS ONLY

Where do you lead worship? _____ Church _____ Home group _____ Youth _____ Other

Please describe in detail your experience.

What other related ministry gifts do you have?

Pastor's Recommendation

Bethel School of Supernatural Worship

NOTE: This section to be completed by Applicant

To the Applicant: This recommendation should be completed by your pastor and mailed directly by him to the School Office. If your pastor is your parent or spouse, ask another member of the church's pastoral staff to complete this form.

Date: _____

Phone - Day: () _____ Phone - Evening: () _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Country of Citizenship: _____

TO THE PASTOR: The above named is applying for admission to Bethel School of Supernatural Worship. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her? Please check one.

- _____ Very well, pastoral relationship
- _____ Fairly well, numerous personal contacts
- _____ Casually, few personal contacts
- _____ By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? _____ Yes _____ No _____ Unsure

4. To what extent is the applicant engaged in the activities of your church? Please check one.

- _____ Enthusiastic, deeply involved
- _____ Cooperative, usually willing to help
- _____ Seldom participates, although attends regularly
- _____ Attends irregularly, shows little interest

5. In what form of Christian service has the applicant participated regularly? _____

6. What do you consider to be the applicant's strengths? _____

7. Do you know of any weaknesses of which we should be aware? _____

8. To your knowledge, does the applicant::

Use Tobacco? ____ Yes ____ No **Drink?** ____ Yes ____ No **Use Illegal Drugs?** ____ Yes ____ No

9. Please describe home factors which might affect the applicant's success at Bethel School of Worship. _____

10. The applicant's influence on his or her peers is: ____ Positive ____ Neutral ____ Negative

11. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Response to authority	1	2	3	4	5	6
Reliability: dependability, responsibility	1	2	3	4	5	6
Maturity: personal development, ability to cope with life situations	1	2	3	4	5	6
Emotional stability: reaction to stress, poise, mood stability	1	2	3	4	5	6
Motivation: genuineness and depth of commitment	1	2	3	4	5	6
Judgment: ability to analyze a problem	1	2	3	4	5	6
Oral expression: clarity, coherence	1	2	3	4	5	6
Interpersonal relations: rapport, cooperation, attitudes toward supervision	1	2	3	4	5	6
Empathy: sensitivity to the needs of others	1	2	3	4	5	6
Work habits: stamina, conscientiousness, perseverance, resourcefulness, initiative	1	2	3	4	5	6
Leadership: creative thought, curiosity, self-confidence	1	2	3	4	5	6
Personal appearance: cleanliness, grooming	1	2	3	4	5	6
Integrity: honesty, moral character	1	2	3	4	5	6

12. Please add any further comments you may have which would help in our evaluation. _____

Please print or type the information below.

Your Name: _____ Phone: () _____

Name of church and denomination: _____

Pastoral Position: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this to:
Bethel School of Supernatural Worship - 933 College View Drive - Redding, CA 96003
(530) 246-6000 FAX (530) 246-6020

Personal Recommendation

Bethel School of Supernatural Worship

To the Applicant: Each applicant applying is required to submit TWO personal recommendations for review by the Admissions Committee. Fill in the date, your name and address in the section below.

NOTE: This section to be completed by Applicant

Date: _____

Phone - Day: () _____ Phone - Evening: () _____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Country of Citizenship: _____

To the person completing this Recommendation: The above named is applying for admission to Bethel School of Supernatural Worship. Serious consideration will be given to your comments. We appreciate your help in this matter and will keep any information you supply in confidence. Thank you for your assistance. Once completed, please mail to the School Office (address at bottom).

1. How long have you known the applicant? _____ Relationship to applicant? _____

2. How well do you know him/her? Please check one.

- Very close
- Fairly well
- Casually
- By name/sight

3. To your knowledge, has the applicant made a personal commitment to Jesus Christ? Yes No Unsure

4. To your knowledge, does the applicant:

Use Tobacco? Yes No **Drink?** Yes No **Use Illegal Drugs?** Yes No

5. In what form of Christian service has the applicant participated regularly (Sunday School Teacher, Youth Leader, Nursery Worker, etc.)?

6. What do you consider to be the applicant's strengths? _____

7. Weaknesses? _____

8. Which characteristics best describe the applicant? Please check all that apply.

Warmhearted Critical Tolerant Passive Sympathetic Rebellious
 Respectful Enthusiastic Loving Teachable On Fire for Jesus Christ

9. Please evaluate the applicant in regard to the following categories. Please circle one.

	Excellent	Above Average	Average	Below Average	Poor	No Chance To Observe
Christian Commitment:	1	2	3	4	5	6
Social Adaptability:	1	2	3	4	5	6
Cooperativeness:	1	2	3	4	5	6
Integrity and Honesty:	1	2	3	4	5	6
Responsibility:	1	2	3	4	5	6
Mental Ability:	1	2	3	4	5	6
Physical Health:	1	2	3	4	5	6
Initiative:	1	2	3	4	5	6
Christian Character:	1	2	3	4	5	6
Emotional Stability:	1	2	3	4	5	6
Personal Appearance:	1	2	3	4	5	6
Leadership:	1	2	3	4	5	6
Reliability:	1	2	3	4	5	6

Please print or type the information below.

Your Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return this to:

Bethel School of Supernatural Worship
933 College View Drive
Redding, CA 96003

(530) 246-6000 FAX (530) 246-6020